

FILED JAN 8 - 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 44165

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>500</u>		Registrar's No. <u>3346</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Country Club Village</u>			c. LENGTH OF STAY (in this place) <u>7 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Country Club Village, St. Louis</u>			d. STREET ADDRESS (If rural, give location) <u>5671 Leverett Street</u> <u>4148</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5671 Leverett Street</u>		3. NAME OF DECEASED a. (First) <u>Sadie</u> b. (Middle) <u>Helen</u> c. (Last) <u>Proske</u>		4. DATE OF DEATH <u>12 - 27 - 1952</u>			
(Type or Print)							
5. SEX <u>Fem</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>5 - 25 - 1889</u>	9. AGE (in years last birthday) <u>63</u>	IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>	IF UNDER 1 HR. Hours <u>  </u> Min. <u>  </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Berlin, Germany</u> <u>4</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Unk - Reisenberg</u>			13b. MOTHER'S MAIDEN NAME <u>Mary - Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Robert J. Proske</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Robt. J. Proske, 5671 Leverett</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tubercular Hemorrhage of brain</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary atherosclerosis</u> DUE TO (c) <u>Coronary atherosclerosis &amp; R. O. V. 175X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u> <u>3 weeks</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION <u>27 Sept 52</u>	19b. MAJOR FINDINGS OF OPERATION <u>Malperforated &amp; empty &amp; catheter</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR					
22. I hereby certify that I attended the deceased from <u>July</u> , 19 <u>51</u> , to <u>Dec 27</u> , 19 <u>52</u> that I last saw the deceased alive on <u>Dec 27</u> , 19 <u>52</u> and that death occurred at <u>11:45 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Walter H. Drehmann M.D.</u>			23b. ADDRESS <u>4801 S. B. Drehmann</u>			23c. DATE SIGNED <u>29 Dec 52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/31/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo</u>			
DATE REC'D BY LOCAL REG. <u>12-30-52</u>	REGISTRAR'S SIGNATURE <u>H. K. Danks - M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Drehmann-Harral 1905 Union Blvd.</u>				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. N. Goodman  
4007a W. Florissant  
After 1PM & Evening

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Warren A. Carver

Licensed Embalmer No. 353x

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.